BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) Rte 70 & Van Zile PERMIT NO. 05-4979

CONSTRUCTION PERMIT APPLICATION

C05-139567

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Propsed Work Site at: the Shops at Brick 135-191 - RT 70
2. Name of Owner in Fee: Brickstown Plaza Assoc. Tel. (516) 393-8400
   Address 600 old country RD (street) Garden City (municipality) NY. 11530 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Yates Sign Co Tel. (732) 578-1818
   Address 556 industrial way west Eatontown, NJ 07724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 210718184 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Pat Pesapane
   Tel. (732) 578-1818 FAX: (732) 578-1808

The Shops @ Brick

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	107 / 40 ✓		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		15		
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZA		30		
13. TOTAL	$	190 -		

VI. BUILDING/SITE CHARACTERISTICS

(office use only) COMMERCIAL

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work					12-20-05	TR	4/15/09		
2. ☐ New Building									
3. ☑ Addition	9800								
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					12-20-05	TR	4/14/09		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		CM	12/2/05		12/2/05				
TOTAL COSTS	9800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: All Units / Income-restricted
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

15373

U.C.C. F100-1 (rev. 12/03)

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓ Check if contractor.

Agent Name Pat Ridgeway

Address 556 Industrial Way West
Eatontown, NJ 07724

Telephone (732) 578-1818

Signature Pat Ridgeway

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/16/2009
Control Number C-05-139562
Permit Number 05-4949
Permit Issue Date 12/15/2005
Certificate Number 05-4949

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530

Telephone: (516) 393-8400

Contractor YATES SIGN CO

Address 556 INDUSTRIAL WAY W EATONTOWN NJ 07724-

Telephone: 732/578-1818 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 21-0718184

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION 1 SET 24" HALO LIT CHANNEL LETTERS AND 1 SET 8'11 ALUMINUM FLAT CUT OUT LETTER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/16/2009 U.C.C. F260 (rev. 08/05)

YATES SIGN CO., INC.
556 Industrial Way West
Eatontown, NJ 07724
(732) 578-1818 • FAX (732) 578-1808

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

12/15/05
05-4949

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 1
Work Site Location 135-191 Rt 70 & Van Zile Rd

Owner in Fee Brickstown Plaza associates
Address 600 old Country Rd
Garden City, NY 11530
Tele. (516) 393-8400
Contractor Yates Sign Co
Address 556 Industrial way W.
Eatontown, NJ 07724
Tele. (732) 528-1818 Fax (732) 528-1808
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 210218184

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 set 24" Halo Lit Channel letters after Yates Drawing
1-8'11" 1/4" aluminum Flat cut out letter (B)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-20-05	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/15/09
Approved by: KA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	2-17-09		4-9-09	JM
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [X] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 1

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 9800
3. Total (1+2) $ 9800

2-17-09 JW

NEED BUSINESS NAME

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 1949

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 1 Qualification Code

Work Site Location 135 141 Rt 206 Vincville EC
Shop - Brick

Owner in Fee Cricketown Plaza Associates

Address box 012 Cranbury Rd
Cranbury NJ 11530

Tel (516) 393-8960

Contractor Circuit Logic Electric Inc.

Address 1525 Valley Dr.
Wall

Tel (732) 978-0141 FAX ( )

Contractor License No. 6228

Federal Emp. No. 80-00085632

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1200

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	12 Amp	Sign	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved

Date: 2-12-09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 4-14-9
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-9-09	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 07/03)

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 1 Qualification Code ______

Work Site Location 135 141 [illegible]

Owner in Fee [illegible] Associates

Address [illegible]
Garden City, NY 11530

Tel (516) 393-[illegible]

Contractor Circuit Logic Electric Inc.

Address 1525 Valley Dr.
Wall

Tel (732) 978-0141 FAX (____) ______

Contractor License No. 6228

Federal Emp. No. 80, 00085632

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 4200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date 2.12.05

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

Annual Pool Inspection ______

Date of Grounding and Bonding Certification ______

U.C.C. F120 (rev. 07/03)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[signature]

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	12 Amp	Sign	

Administrative Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ ______
TOTAL FEE $ ______

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 05-4949

Permit Number

05-4949

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
02/29/2008	Final	Paul Grosko	Electrical	Fail	BRICKTOWN PLAZA ASSOCIATES 135-167 VAN ZILE RD.	Alteration	SIGN INSTALLATION	

YATES SIGN CO., INC. • 556 INDUSTRIAL WAY WEST • EATONTOWN, NJ 07724
(732) 578-1818 • Facsimile (732) 578-1808

December 13th, 2005

To Whom it may concern,

Enclosed please find a check for $190.00 for The Shops At Brick building letters sign permit. Van Zile Road.
Please send permit to me in enclosed envelope.

Thank You,

Pat Pesapane
Yates Sign Co.
Ph: 732-578-1818
Fax: 732-578-1808
yatessignco@comcast.net

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

November 22, 2005

Pat Pesapane
Yates Sign Company
556 Industrial Parkway West
Eatontown, NJ 07724

Re: Block 1149, Lot 1
135-191 Van Zile Road – Bricktown Plaza
Zoning Permit Application

Dear Mr. Pesapane:

Your zoning permit application for a wall sign on the referenced property cannot be approved because your application is inaccurate and incomplete, as noted. Also, three (3) copies of drawings of the sign on the faced must be submitted. Please complete, correct, and resubmit your application to the Division of Inspections Office.

Very truly yours,

Sean Kinnevy
Zoning Officer

C: Scott MacFadden, Business Administrator
Michael Fowler, Principal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

11/29/05 - Resubmit Set

Township of Brick
Zoning Permit

Approved: Tuesday, November 29, 2005 **Number:** 1702

Block 1149 **Lot** 1 **Zone:** B-3, Highway Dev.

Property Address: 135-191 Van Zile Road; Bricktown Plaza

Applicant: Pat Pesapane; Yates Sign Company

Property Owner Bricktown Plaza Associates

Existing Use: Shopping plaza.

Proposed Use: Shopping plaza.

Proposed Construction: Wall sign, 10' x 36', "The Shops at Brick".

Conditions: The total sign may not exceed 15% of the total facade area.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

NOV 14 2005

NOV 29 2005

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1149 LOT 1 QUALIFIER ____

PROPERTY ADDRESS 135-191 ~~Hwy 70~~ VanZile Rd

PERSONAL NAME OF APPLICANT Pat Pescapane

BUSINESS NAME OF APPLICANT Yates Sign Co

MAILING ADDRESS OF APPLICANT 556 Industrial way West Eatontown NJ 07724

PROPERTY OWNER'S FULL NAME Bricktown Plaza Associates

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) Shopping Center

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) ~~New~~ Shopping Center

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) ____ Height ____
☐ Addition - Height ____
☐ Alteration
☐ Porch or deck - Height ____
☐ Shed - Height ____
☐ Fence - Type ____ Height ____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) 1-set 24" Halo lit channel letters as per Yates ~~Estimate~~ sketch

CHECKLIST 1 - 8'11" Flat 1/4" aluminum letter B

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Pat Pescapane Date 10-27-05

Reviewed by Zoning Office ____ Date ____ ( ) Approved ( ) Denied

COMMERCIAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 131-195 Rt 70 & Van Zile Rd
Block: 1149 Lot: 1
Owner's Name: Brektown Plaza associates
Owner's Mailing Address: 600 o/o country RD Suite 425
Garden City NY 11530
Phone: (516) 393-8400

BUILDING

Contractor: Yates Sign Co
Address: 556 industrial way west
Eatontown NJ 07724
Phone#: 732-578-1878
Lis #
Federal Emp # or SSN 210718184

Technical Data

Description of Work:

1-Set 24" Halo Lit
Channel letters

1-8'11"x3'4" Flat cutout aluminum
letter

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
✓Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 9800 00

Cost of New Building: $

Cost of Site Work $

Total Cost of New ~~Building~~ Sign Work: $ 9800 00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Pat Pesapane
Please Print Name Pat Pesapane

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 1149 Lot 1
Work Site Location 135-191 RT 70 & Vanzile Rd

Owner in Fee Brick Town Plaza Associates
Address 600 Old Country Rd
Garden City, NY 11530
Tel. (516) 393-8400

Contractor Yates Sign Co
Address 556 Industrial Way West
Eatontown, NJ 07724
Tel. (732) 578-1818
Lic. No. or Bldrs. Reg. No. 2107181184

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [X] OTHER Sign

DESCRIPTION OF WORK: 1-set 24" Halo lit letters
1-8'11" 1/4" aluminum flat cut out letter (BJ

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 9800

Construction Official

Date

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

U.C.C. F170
(rev. 5/2K)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

CONSTRUCTION PERMIT

Date Issued 12/15/2005
Control # C-05-139562
Permit # 05-4949

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ
Contractor YATES SIGN CO
Address 556 INDUSTRIAL WAY W EATONTOWN NJ 07724-
Telephone: 732/578-1818
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 21-0718184

Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone: (516) 393-8400

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION 1 SET 24" HALO LIT CHANNEL LETTERS AND 1 SET 8'11 ALUMINUM FLAT CUT OUT LETTER

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $10,000

Construction Official

12/15/2005
Date

PAYMENTS (Office Use Only)

Building	$107
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$13
CO Fee	
Other	$30
Total	$190
Check No.	7324
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

YATES SIGN CO., INC.
556 Industrial Way West
Eatontown, NJ 07724
(732) 578-1818 • FAX (732) 578-1808

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

12/15/05
05 4949

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1144 Lot 1
Work Site Location 135-191 RT 70 & Hunziker RD

Owner in Fee Bricktown Plaza Associates
Address 600 Old Country Rd
Garden City, NY 11530
Tele. (516) 393-8400
Contractor Yates Sign Co
Address 556 Industrial way W.
Eatontown, NJ 07724
Tele. (732) 578-1818 Fax (732) 578-1808
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 210718184

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Ted Pisapia
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1-Set 24" Halo lit Channel letters as per Yates Drawing
1-8'11" 1/4" aluminum Flat cut out letter (B)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-20	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 9800
3. Total (1+ 2) $ 9800

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence Height (exceeds 6')
  [X] Sign Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other
[ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. F110
(rev. 3/96)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy